viewItem [https://www.lextranet.com/ics.search/prodDocs/viewItem ics?docID=225001	.7eDocID=0tableID=1183
Victoria interposit vivi incidenti incidenti incidenti incidenti incidenti interposit vivi incidenti i	The state of the s

Description/Generic Name/Dosage	900	Data	New England	California	California	Comments
	200	Pier	20 00 00 00 00 00 00 00 00 00 00 00 00 0	50.05	\$0.05	
Von willebrand lactor complex per iu	02022	0//0//0	\$0.95	90.90	0.50 PI	
Brachytherapy radioelements	03001	02/01/00		No Price	No Price	
Supply of radiopharmaceutical diagnostic imaging agent, gallium ga 67 ner mer	03002	00/10/20	\$25 85	\$22 24	\$25.65	
Supply of radiopharmaceutical diagnostic imaging agent, techellum 169pm bicsate per unit dose	03003	07/01/00	\$403.99	\$403.99	\$403.99	
Supply of radiopharmaceutical diagnostic imaging agent, xonon xe 133.	03004	02/10/20	\$30.16	\$30.91	\$30.16	
Supply of radiopharmaceutical diagnostic imaging agent, techerium to 99m mediatide, per mo:	03005	00/10/20	\$221 35	\$232.42	\$22135	
Supply of radiopharmaceutical diagnostic imaging agent, techelium to agen incensite, per 5 mc.	03006	02/10/20	\$22.61	\$22.61	\$22.61	
Supply of radiopharmaceutical diagnostic imaging agent, sodium Supply of radiopharmaceutical diagnostic imaging agent, sodium supply of radiopharmaceutical diagnostic imaging agent, sodium	03007	02/01/00	\$81.10	\$104.22	\$81.10	
Supply of oral radiopharmaceutical diagnostic imaging agent, indium 1111-in penterrectide, per 3 moi	03008	02/01/0/20	\$935.75	\$1,025.41	\$935.75	
Supply of oral radiopharmacoulical diagnostic imaging agent, inchination (c90m existingle Definic)	03000	02/10/20	\$36.73	\$18.02	\$36.73	
Supply of oral radiopharmaceutical diagnostic imaging agent.	03010	02/10//00	\$40.90	\$42.94	\$40.90	
Supply of oral radiopharmaceutical diagnostic imaging agent, chromic	03011	02/10/1/00	\$150.86	\$167.53	\$150.86	
Supply of oral radiopharmaceutical diagnostic imaging agent,			Ç.	No. Octob	Dozeno Crow	OBAI
cyanocobalamın cobalt co57, per 0.5 mcı	03012	07/01/00	Deleted 19/31/01	Deleted 12/31/01	Deleted 12/31/01	
Injection, verteporlin, 15 mg	03013	07/01/01	C12 69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 20 or less	03820	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 21	09922	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient rich of 23	09923	01/01/91	\$12.69	\$12 69	\$12 69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hot of 24	O9924	01/01/91	\$12 69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 25	09925	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 26	09926	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 27	/288D	01/01/91	\$ 12.09	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 28	00000	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of apo, per 1000 units, at patient not of 29	08830	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at parient factor 30	09931	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Impedition of any per 1000 drills, at parient her of 30	09932	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of apo, per 1000 units, at parient her of 33	09933	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of apo, per 1000 units, at parient hot of 34	09934	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Impection of and nor 1000 units at patient het of 35	09935	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Impeditor of ego, per 1000 units, at patient het of 36	09936	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02

orbiton/Generic Name/Deserge	HCPCS TATE		New England	Korthern	Southern	Comments
	09937	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
ction of epo, per 1000 units, at patient lict of 37	Т	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
ction of epo, per 1000 units, at patient not of 38	╗				000	0000 1:20 10/4/00
of and and thought at national half of 30	09939	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/ 1/02
	00000	0 01/01/91		\$12.69	\$12.69	2002 June 10/1/02
ction of epo, per 1000 units, at patient hot of 40 or above	2555					

	HCPCS	Effective		Northern	Southern	
Description/Generic Name/Dosage	Code	Date	New England	California	California	Comments
Henatitis b immune globulin (bbg), human, for intramuscular	90371	01/01/99	\$135.43	\$135.43	Not Covered	
	90375	01/01/99	\$72.85	\$72.85	Not Covered	
Replies immine plobuling heat-freated (rin-ht) human for int	90376	01/01/99	\$75.83	\$75.83	Not Covered	
	90385	01/01/99	ICIC	\$105.45	Not Covered	
Tetanus immune diobulin (Ind.) human, for inframuscular use	90389	01/01/99	Not Covered	\$114.00	Not Covered	
Bacillus calmette-guerin vaccine (bcg) for bladder cancer, live, for	90586	01/01/99	\$171.48	Not Covered	\$166.49	
Infravesical use Infrarea wirds varietine live for infranasal use	90660	99/10/10	Not Covered	Not Covered	SISI	
Tetanos and diphtheria toxoids (td) adsorbed for use in individuals 7	90718	01/01/84	\$9.03	Not Covered	Not Covered	
Hepatitis band hemophilus influenza b vaccine (hepb-hib), for	90748	01/01/98	\$50.65	Not Covered	\$51.37	
intramuscular use	A4647	01/01/90	Not Covered	Not Covered	No Price	
Supply of parallegitetic collinast material, e.g., gazoninani	J0210	01/01/84	Not Covered	\$1188	\$9.65	
Alpostadi urethral suppository (code may be used for medicare when drug administered under direct supervision of a physician, not for use man drug administered).	J0275	01/01/99	\$19.51	Not Covered	Not Covered	
Writer unglis ser administración	10330	01/01/86	Not Covered	\$0.10	\$0.10	
Ingerior, Succession of the control	70360	01/01/86	Not Covered	\$14.25	\$17.81	
Injection manivacaina hel per 10 mf	0/900	01/01/86	Not Covered	Not Covered	\$2.25	
Ingerior, inchramphenical sodium succinate no to 1 am	30720	01/01/82	Not Covered	\$6.82	\$6.31	
	J0725	01/01/86	Not Covered	\$1.62	Not Covered	
Injection, bromphenramine maleate, per 10 mg	J0945	01/01/82	\$0.87	\$0.87	Not Covered	
injection, medroxyprogesterone acetate/estradiol cypronate, 5mg/25 mg	J1056	01/01/02	ICIC	Not Covered	\$23.70	?Coverage - Contraceptive
Insertion testosterone conjunate and estradiol copionale up to 1 ml	J1060	01/01/82	Not Covered	\$4.04	\$3.71	
	J1205	01/01/82	Not Covered	Not Covered	\$10.00	
Injection, methadone hcl, up to 10 mg	J1230	01/01/82	Not Covered	\$0.75	\$0.75	
Injection, respiratory syncytial virus immune globulin, intravenous, 50 mg	J1565	01/01/98	Not Covered	Not Covered	\$81.66	
la sertion gonadorelin hydrochloride, per 100 mca	J1620	01/01/82	\$201.98	\$201.98	Not Covered	
Inection diazoxide, up to 300 mg	J1730	01/01/82	Not Covered	Not Covered	\$117.03	
Injection, interferon beta-1a, 33 mcg (code may be used for medicare when iting administered under direct supervision of a physician, not for use when think self-administered).	J:825	86/10/10	\$225.22	Not Covered	\$234 OO	
Injection interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under direct supervision of a physician, not for a physician and provisional activities and administered.	31830	01/01/82	\$68.40	Not Covered	Not Covered	
Injection, lidocaine hcl, 50 cc	J2000	01/01/86	\$1.45	Not Covered	\$1.45	
Injection lidocaine nci, 50 cc						

Description/Generic Name/Dosage	45.03 25.43 25.43 25.43 25.43 25.43 25.43 25.43 25.43 25.43 25.43 25.43 25.43 26.43	Effective	New England	Northern	California	Comments
では、100mmの			70.0.0	©3 88	83.55	
Injection, methylergonovine maleate, up to 0.2 mg	J2210	01/01/82	Not Covered	90.00	00.00	
Investion chloropogaine hall per 30 ml	J2400	01/01/86	\$6.39	Not Covered	410.30	
Importion observatial andium up to 120 mg	J2560	01/01/82	\$6.05	Not Covered	\$6.35	
Injection explored to 10 miles	J2590	01/01/86	Not Covered	\$1.28	\$1.18	
Injection, dytocur, up to 10 dums	J2725	01/01/95	\$24.40	\$24 40	Not Covered	
Injection, prometry, per 200 mg	32800	01/01/82	83.80	\$3.80	Not Covered	
(Injection, themporaries, eq. 40 mg	J2810	01/01/82	CIC	Not Covered	\$1.09	
Injection, ureopriymine, per 40 mg	J2912	01/01/86	Not Covered	\$0.78	\$0.79	
Injection, Soutiful Chiolide, C.378, per 2 1111	J2995	01/01/86	\$126.67	\$126.67	Not Covered	
Injection testestarone enauthate un to 100 mg	J3120	01/01/82	Not Covered	\$12.39	\$11.32	
Storilo calino or water up to 5 CC	J7051	01/01/94	Not Covered	\$0.87	Not Covered	
Arabicono oral 50 mo	17500	01/01/88	\$1.25	Not Covered	Not Covered	
Azathiopino, oral, oc. 19	J7501	01/01/88	\$59.84	Not Covered	Not Covered	
Cyclograma oral 100 mg	J7502	01/01/00	\$5.22	Not Covered		
Minimum D. Color Color Strain	37505	01/01/88	\$777.31	Not Covered	Not Covered	
Muc(illipriag-CD3, - parentera, 5 mg	J7506	01/01/89	\$0.02	Not Covered	Not Covered	
Pregnisone, orat, per 3 mg	17507	01/01/95	\$3.03	Not Covered	Not Covered	
Tacrolimus, oral, per i mg	17508	01/01/95	\$13.99	Not Covered	Not Covered	
Tacrolimus, oral, per 5 mg	17509	01/01/96	\$0.51	Not Covered	Not Covered	
Methylprednisolone, oral, per 4 mg	17510	01/01/96	\$0.03	Nor Covered	Not Covered	
Prednisolone, oral, per 5 mg	27.21.0	01/01/00	\$69.79	Not Covered	Not Covered	
Leuprolide acetale, per 1 mg	38218	01/01/0	400.00			
Diphenhydramine hydrochloride, 50 mg, oral, fda approved rx anti- emetic, for use as a complete therapeutic substitute for an iv anti-emetic at time of chemotherapy treatment not to exceed a 48-hour dosage	Q0163	04/01/98	No Рисв	NoI Covered	Not Covered	
reginter. Prochlorperazine maleate, 5 mg, oral, Ida approved rx anti-emetic. for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0164	04/01/98	No Price	Not Covered	Not Covered	
Prochlorperazine maleate, 10 mg, oral, Ida approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0165	04/01/98	No Price	Not Covered	Not Covered	
Granisetron hydrochlonde 1 mg, oral, 1da approved rx anti-emetic. For use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	Q0166	04/01/98	No Price	Not Covered	Not Covered	

Poor Service Remarghance	HCPCS	Effective	New Francisco	Northern	Southern California	Comments
frxanti-6 i iv anti-6 ed a 48-h	79100	04/01/98	No Price	Not Covered	Nol Covered	
Dronabinol 5 mg, oral, Ida approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0168	04/01/98	No Price	Not Covered	Not Covered	
Promethazine hydrochlonde 12.5 mg, oral, ida approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the linne of chemotherapy treatment, not to exceed a 48-hour dosage reminen	Q0169	04/01/98	No Price	Not Covered	Not Covered	
Promethazine hydrochloride 25 mg, oral, tda approved ix anti-emelic, for use as a complete therapeutic substitute for an iv anti-emelic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	00170	04/01/98	No Price	Not Covered	Not Covered	
Chlorpromazine hydrochloride 10 mg. oral, ida approved rx anti-emetic. for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage	00171	04/01/98	No Price	Not Covered	Not Covered	
regimen Chlorpromazine hydrochlonde 25 mg. oral, ida approved rx anti-emetic. Ior use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage	Q0172	04/01/98	No Рпсе	NoI Covered	Not Covered	
regimen Trimethobenzamide hydrochloride 250 mg, Ida approved rx anti-emetic, Trimethobenzamide hydrochloride 250 mg, Ida approved rx anti-emetic, lor use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage	Q0173	04/01/98	No Price	Not Covered	Not Covered	
regimen Thiethyperazine maleate 10 mg, oral, Ida approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	00174	04/01/98	No Price	Not Covered	Not Covered	
Perphenazine, 4 mg, oral, tda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0175	04/01/98	No Price	Not Covered	Not Covered	
Perphenazine, 8 mg. oral, Ida approved rx anti-emetic. for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0176	04/01/98	No Price	Not Covered	Not Covered	

Hydroxyzine pamoate. 25 mg, oral, ida approved rx anti-emetic, for use as a complete therapeutic substitute for an wanti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.	No Price No Price No Price	Not Covered	Not Covered	Comments
use and		Not Covered Not Covered	Not Covered	
Hudrowing namonate 50 mg oral Ida approved ix anti-emetic, for use		Not Covered		
as a complete therapeutic substitute for an iv anti-emetic at the time of C0178 U4/01/98 chemotherapy treatment, not to exceed a 48-hour dosage regimen	A		Not Covered	
Ondansetron hcl, 8 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	1/01/98 No Price	Not Covered	Not Covered	
Dotaserron mesylate, 100 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	1/01/98 No Price	Not Covered	Not Covered	
Unspecified oral dusage form, fda approved approved rx anti-emetic. for use as a complete therapeutic substitute for an iv anti-emetic at the time Q0181 04/01/98 of chemotherapy treatment, not to exceed a 48-frour dosage regimen	4/01/98 No Price	Not Covered	Not Covered	
Q2001 07/01/00	7/01/00 No Price	Not Covered	Not Covered	
Supply of oral radiopharmaceutical diagnostic imaging agent, 03012 07/01/00 cyanocobalamin cobalt co57, per 0.5 mci	101/00 ICIC	No Price	Not Covered	